

Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV. 08/01/2012)

Calendar Year: 2012		Entity Name: Norrthwest Hospital & Medical Center						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Schneider, Charles W	x	NWH	429,083	176,938	2,986	368,686	25,921	1,003,615
2 Andrews, Anna Karin		NWH	17,308	0	411,615	37,347	790	467,060
3 Ward, Gayle		NWH	175,955	35,683	128,036	8,500	20,545	368,719
4 Ferguson, Bruce		NWH	259,618	52,650	4,769	0	17,862	334,899
5 David, Brian		NWH	166,157	18,750	7,833	8,505	22,698	223,944
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14								

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: hos@doh.wa.gov